

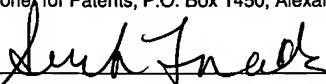


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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|-----------------------------|--------------------------------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 0114089.00120US2 |
| Application No. 10/720821-Conf. #5355 | Filing Date November 24, 2003 | Examiner V. Luong | Art Unit 3682 | |
| Applicant(s): Douglas B. WILSON | | | | |
| Invention: FATIGUE RELIEVING SUPPORT FOR STEERING WHEELS AND THE LIKE | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | 38 | - 38 = | | x |
| Independent Claims | 4 | - 6 = | | x |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | 0.00 |
| <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>08-0219</u> as described below. A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
|  Wayne M. Kennard Attorney Reg. No.: 30,271 | | | | |
| Dated: <u>September 22, 2005</u> | | | | |
| WILMER CUTLER PICKERING HALE AND DORR LLP 60 State Street Boston, Massachusetts 02109 (617) 526-6000 | | | | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 22, 2005

Signature:  (Susannah F. Fernandez)



Attorney Docket No. 114089.120US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Wilson

Examiner: Vinh Luong

Serial No.: 10/720,821

Art Unit: 3616

Filing Date: November 24, 2003

For: FATIGUE RELIEVING SUPPORT FOR STEERING WHEELS AND THE LIKE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Amendment

SIR:

Kindly amend the present application as follows before examination.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.